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UNCLAS SECTION 01 OF 03 BEIJING 004496

SENSITIVE  
SIPDIS

STATE PASS TO USAID  
BANGKOK FOR ESTH AND CDC  
CDC ATLANTA FOR CCID AND COGH  
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SUBJECT: MULTI-DRUG RESISTANT TB IN CHINA: GOVERNMENT INERTIA  
HAMPERING TREATMENT EFFORTS

BEIJING 00004496 001.2 OF 003

11. (SBU) SUMMARY: Growing numbers of multi-drug resistant tuberculosis (MDR-TB) cases in China are challenging the ability of government and NGO health officials to provide adequate TB patient care. Nongovernmental health organizations, such as Medecins Sans Frontieres (MSF)- also known as "Doctors Without Borders" -- have proposed provincial level projects to treat MDR-TB patients, but so far, officials within China's National Center for TB Control (NCTB) have not given approval for this, insisting that government treatment programs are sufficient. In April 2009, China's Ministry of Health (MOH) will host a World Health Organization (WHO) ministerial-level conference on MDR-TB diagnosis and treatment that will encourage countries with a high incidence of MDR-TB to accelerate implementation of national programs. In the meantime, Chinese health officials are finding it difficult to meet China's own MDR-TB challenges, which include obtaining reliable TB data, providing adequate medication regimes to MDR-TB patients, and improving access to affordable treatment regimes. END SUMMARY

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BACKGROUND  
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12. (SBU) According to the WHO's 2008 Global Tuberculosis Control Report, TB continues to be a major cause of illness and death worldwide. Every year, 1.7 million people die from TB, and 9 million more develop active infections annually. Those who are most susceptible live in the poorest regions of the world, and those with compromised immune systems, like HIV/AIDS patients, are especially prone to catching TB. China has roughly one quarter of the world's cases of TB and ranks second on the list of the top five TB-endemic countries, after India and before Indonesia, South Africa, and Nigeria. In 2006, China had a total of 4.5 million cases of TB, with the annual number of new cases estimated to be 1.3 million, according to the WHO report on global TB control. As is true elsewhere, TB in China hits the poor hardest, particularly the millions of migrants who move from rural to urban areas where their access to health care is limited. Reliable TB data is often difficult to obtain because of challenges associated with diagnosis. Non-governmental organizations (NGOs) do not play a meaningful role in TB treatment in China, because of the government's desire to maintain strict control over TB treatment. Similarly, importation of other drugs is restricted by the government, even though many TB drugs manufactured in China do not meet international standards.

¶3. (U) Drug resistant TB emerges as a result of treatment mismanagement, especially when a treatment regime is initiated but not followed thoroughly, and it is also increasingly being passed from person to person, even among those in China who have never taken TB drugs before. (NOTE: MSF estimates that at least half of new MDR-TB patients contract the resistant strain directly from other MDR-TB patients. END NOTE). As confirmed by U.S. Center for Disease Control contacts in China, the situation is getting worse because general health centers are not promptly identifying and referring TB patients to TB treatment centers, partly due to a lack of awareness among patients and health staff. MDR-TB is a form of TB that cannot be treated with standard "Line 1" anti-TB drugs isoniazid and rifampicin, but must instead be treated with "Line 2" options, which include protionamide and cydoserine. The highest rates of MDR-TB are in China and in countries of the former Soviet Union. According to the WHO, 8.9 percent of all TB cases in China are MDR-TB.

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NGOs FACING GOVERNMENT INERTIA  
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¶4. (U) Government statistics show that in northern China provinces of Inner Mongolia Autonomous Region and Jilin, the situation is more severe than in other parts of the country. According to Sherry Dubois, Acting Head of Mission for MSF's Belgian Section in China, MSF has since 2007 been involved in in-depth negotiations to establish an MDR-TB prevention and management program for these areas. MSF's goal is to set up a sustainable model for prevention and management of MDR-TB in collaboration with central and provincial TB authorities. To curb the TB epidemic in China, improved adherence, improvements in the health system, better diagnostic tools, and access to second-line anti-TB drugs are urgently needed.

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¶5. (U) To date, the Chinese government has not yet approved MSF's MDR-TB treatment plans, and MSF/Belgium has said that it will likely cease all of its China operations if an approval is not forthcoming. Chinese NCTB health officials maintain that the government is already treating MDR TB patients, but MSF says this is done by using a regime of drugs that do not adhere to international standards, and that treating patients with less than adequate regimes is more dangerous to the patient than no treatment at all. Dubois said she could not be certain why the government refuses to allow TB drugs to be imported into the country, but thought perhaps that China is seeking to protect its domestic drug manufacturing industry.

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GLOBAL FUND ACTIVITIES  
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¶6. (U) Under Round Five (R5) of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 31 pilot sites in six Chinese provinces are being prepared with plans to enroll up to 5,000 MDR-TB patients by 2009. However, currently only nine MDR-TB patients, out of tens of thousands of infected patients, are being treated in China. Round 7 provides the resources to expand drug resistant TB treatment to ten or more provinces where an additional 10,000 patients can be treated by 2011. Although the pilot sites are ready to start treatment of identified MDR-TB cases, enrollment of patients has not started due to delayed procurement of quality-assured drugs and lack of quality assurance for drug resistance testing. With Round 8, further expansion of MDR-TB is planned as soon as R5 and R7 are judged to be progressing satisfactorily.

¶7. (SBU) COMMENT: The Chinese refusal to approve NGO-sponsored MDR-TB projects will not likely end soon, particularly as health officials continue to be reluctant to allow outsiders to work in a field they feel should be run by the government. Providing care and treatment for the growing numbers of TB cases in China, and the lack of access to affordable and effective treatment for MDR-TB, will

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challenge Chinese health officials as the government moves forward to enact national health care reform. Other critical issues that need to be addressed will be funding and population migration as people from high TB prevalent provinces move to lower prevalence cities in search of jobs and money. The upcoming WHO conference on MDR-TB, hosted in Beijing by the Chinese government in 2009, may provide an important opportunity for external organizations to coordinate with China in addressing this global health crisis. END  
COMMENT  
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